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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S68298

BOGEO, INC.

Principal Place of Business P.O. BOX 1002 QUINCY FL 32353 Mailing Address

P.O. BOX 1002 QUINCY FL 32353

FILED Jan 23, 1999 8:00am Secretary of State

01-23-1999 90048 032 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mallings Address 59-30/77332 Na Application Sulte, Apl. #, etc. Sulter Sult					07/22/1991		
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S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent SEST, MICHAEL P 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312 SET STEET ADDRESS SIGNATURE DEMARDS, O WILL DEFENSION STREET OUINCY FL 32351 DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE DELETE		Country		Country			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, with, and accept the obligations of of sections 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 1.1 TITLE 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.2 NAME 2.3 STREET ADDRESS 1.3 STRE	1300 THOMASWOOD DRIVE			62 Street	Street Address (P.O. Box Number is Not Acceptable)		
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14. Thereby Certify that the inhollination supplied with this limit does not quality for the document of the form and the first an if made under early that I am an	14. I hereby	Control of the information supplied visiting that the information supplied visiting supplied	with this filing does not qualify for		d in Section 119.07(3)(i), Florida Statutes. I further certify the	nat the information	

I. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: CONTINUE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

17/98 Date 810 5 41

(R2E034 (11/98)